Journal of Conventional Weapons Destruction

Volume 6
Issue 3 *The Journal of Mine Action*

Article 46

December 2002

Seven Common Myths about Landmine Victim Assistance

Dennis Barlow
Center for International Stabilization and Recovery at JMU (CISR)

Seven Common Myths About Landmine Victim Assistance

by Dennis Barlow, *Director, MAIC*

Any good mine action campaign will consider victim assistance. Yet there persist certain myths, which if not dealt with, make planning and conducting a victim assistance activity difficult at best. Anyone who wants to understand landmine victim assistance and further its cause should take heed of the following "myths" and plan accordingly.

Myth #1—A victim is someone who has experienced bodily damage as a result of a landmine accident.

Victims are any of those who have suffered a serious bodily, psychological, or economic loss or impairment due to a landmine accident. A survivor of a landmine explosion may of course experience great physical pain and resultant bodily handicaps. But he or she may also experience depression, psychological trauma, social ostracism and economic hardships, which may far exceed the consequences of the physical damage caused by the accident. While such feelings are common among many accident victims, the flash, horror, guilt and shock which often accompany landmine explosions can have a devastating personal impact and may exacerbate other "spin-off" effects.

The circle of victims often emanates from the direct victim of the blast. Children of the survivor (or of the deceased), spouses, co-workers and friends are often affected directly by the accident and may suffer economic hardships, remorse, depression, guilt and outright fear as a result. Anyone familiar with long- term effects of events such as the Normandy invasion, the Oklahoma City bombing, the Colombine High School shootings, etc. is aware that critical incidents often spawn great post-event psychological and sociological stress, which often has no outlet or expression.

Myth #2—The success of the Landmine Ban Treaty will eventually alleviate the need for victim assistance.

Landmine survivors and victims, unlike discovered mined areas, stockpiles or factions using landmines, do not diminish (in the short term) with time and adherence to the treaty. Landmine casualties—some 300,000 of them—will not disappear when the last of the landmines has been located and destroyed.

The effect of the Treaty has been most heartening; by various accounts, the manufacture, transference and use of main line landmines is down, while stockpile destruction continues apace. However, landmine victims as a group are increasing cumulatively and will need care and attention regardless of the status of the level of threat *after* the accident that affected them.

Myth #3—Landmine victims are integrated into the healthcare system of the host country and are cared for de facto.

Most countries suffering from the blight of landmine infestation do not possess a medically advanced system and are often challenged to maintain a basic national healthcare structure just to handle the major "normal" problems facing it. They have neither the wherewithal nor the knowledge to deal with the special cases that landmine explosions cause.

Because of the angle and direction of the blast, as well as the different kinds of projectiles used, landmines often cause wounds with which most doctors are not familiar. Typically, the Ministries of Health in these countries cannot afford the resources that it would take to focus on the pertinent differences between landmine injuries and those caused by more common or routine accidents.

This is not to say, however, that clinics should be created just to look after landmine victims; such a requirement would be ludicrous in light of the great healthcare challenges facing landmine-threatened nations. Therefore, the challenge seems to be to find a way that current medical policies can accommodate all accident victims, including victims of landmines.

Myth #4—Prostheses are so good today that victims are quickly back in the mainstream.

It is true that some modern prosthetic devices border on the miraculous. However, there are several problems with making them accessible and practical to landmine victims in developing countries:

1. They are expensive.
2. Prostheses wear out and have to be

refitted and replaced.

3. The more advanced the device, the more imperative it is for it to be routinely applied, fitted, and maintained by qualified technicians.

4. The body and role of the user will often change; the device needs to change with him or her.

Often these considerations (or lack of them) result in victims jettisoning inappropriate or badly fitted devices and opting for a more traditional and more primitive—but locally accepted and available—aid, or for no apparatus at all.

Myth #5—Victim assistance, like mine risk education, is a fully integrated component of mine action.

For a while, it was considered quite appropriate to treat victim assistance and mine risk education as twin components of a mine action campaign; they were both seen as complementary to the "core" business of finding and purging (marking, monitoring and clearing) mined areas. However, as plans and operations have unfolded, it has become evident that mine risk education is quite often a complementary action undertaken in the same context and environment as marking, monitoring mined areas, surveying, and clearing, while victim assistance is generally accomplished out of those geographical and professional circles. While mine risk education can be practiced by operators, local educators or community volunteers, victim assistance is best accomplished by healthcare and medical professionals whose background is not operational or community-based.

Myth #6—Victim assistance programs are being designed and predicated on casualty data and victim information processing.

Many countries do not have the wherewithal (luxury!) to collect data for one small at-risk segment of a population that is prone to numerous other dangers. Often Ministries of Health look to Mine Action Centers to collect and aggregate this data, while the centers are looking right back at the Ministry! More often, there is no communication at all.

For political or resource reasons, sometimes a country will try to minimize casualty figures; sometimes it will try to exaggerate them. Organizations such as the International Committee of the Red Cross (ICRC) make heroic attempts to gather this information, but the global data is still thin and in regards to planning comprehensive victim assistance efforts, not good enough to allow for effective planning. It is even unclear what casualty data would be most valuable to those planning landmine clearance, mine risk education projects, or developmental plans.

Myth #7—Effective victim assistance programs must be expensive programs.

Victim Assistance programs need to treat the victim as a human being and not as a casualty statistic. Sometimes this may require extensive costs, but often it can result from working smarter. Some victims will need prosthetic help, others will need re-training, some will require rehabilitation, some counseling, some therapy, some accessibility (socially as well as physically). Sometimes it can merely mean that policy goals are properly articulated and implemented locally.

The caution, therefore, is to try to produce a program designed to support the "total person." We cannot break the bank by trying to be all things to all men. Often, the prescription can be a locally applied remedy, which may not be expensive but which may be invaluable. Money cannot always be the answer, for there simply is not enough of it to be applied to the small universe of landmine victims. The solution—easy to state, hard to implement—is to use what we now know about landmine victims to individually design programs for each victim, but to apply them locally, realistically and cost effectively. ■

Contact Information

Dennis Barlow
Director, MAIC
E-mail: barlowdc@jmu.edu